



Tele Rehabilitation Consent Form

In light of COVID19, Aurora Sports Medicine Professionals Inc. & Nobleton Physiotherapy have switched some appointments to either phone-based or virtual tele rehab appointments if it is appropriate for your care.

We use all manners of protection and encryption that are required of us and use secure, online platforms. We understand the importance of protecting personal information.

By joining a phone or tele rehab appointment with Aurora Sports Medicine Professionals Inc / Nobleton Physiotherapy:

I agree that I am attending **Aurora Sports Medicine Professionals Inc. / Nobleton Physiotherapy** to receive physiotherapy assessment/treatment virtually and not in person. I understand that part or all the assessment/treatment may take place on a secure teleconference platform due to social restrictions during the COVID-19 pandemic and/or other personal restrictions from attending the clinic such as distance or ability to travel.

I agree that at any time during this session I can change my mind and stop the session from continuing.

I agree in order to carry out the virtual session I will need to have a device (iPad/tablet, smartphone, laptop) that has camera and microphone capability and Google Chrome, Safari, or Firefox as a web browser.

I agree that my tele-rehabilitation is an online virtual 1:1 session where the physiotherapist can assess and give me self-treatment recommendations and exercise. Assessment is done by watching me move, observation of the area of injury, and instructing me to perform special tests to my injury that a physio would normally perform. Treatment involves teaching self-management techniques, guided exercise, and lots of education to manage my injury at home. We may also send you a separate email that describes the exercises we are suggesting for you.

We are using a secure web-based platform **Doxy.me** that follows both Canadian and American privacy rules and is **HIPAA, PHIPPA, and PIPEDA compliant**. There are some potential risks with technology including but not limited to interruptions, unauthorized access, viruses, and other involuntary intrusions that have the ability to grab and release private information. In order to minimize this risk we are providing this service within our clinic premises on our secured network. Doxy.me does not store any patient health information and all video calls are completely encrypted from peer to peer, meaning all data is between both participants only.



Tele Rehabilitation Consent Form (continued)

- If during the session there is a technology interruption or failure, the physiotherapist will contact me via phone to reconnect and continue the session. **Contact #** _____

- I understand that there is a treatment fee for this appointment payable at the end of my appointment time. Payment and receipts will be given electronically. If you have any concerns regarding tele rehab fees please let your therapist know.

- In case of an emergency, the physiotherapist will use the contact information on file to notify emergency services as required.

- Finally, upon completion of the session I will have the opportunity to ask any further questions from the physiotherapist.

- I agree to the above mentioned and give my consent to participating in tele rehab services provided by Aurora Sports Medicine Professionals Inc. / Nobleton Physiotherapy.

Patient Name: _____

DOB: _____

Physiotherapist Name: _____

Date: _____

Physiotherapist Signature: _____